Foster Family Home - Corrective Action Report

Provider ID:

1-597841

Home Name:

Elena Etrata, CNA

Review ID:

1-597841-10

1698 Kino Street

Reviewer.

Pamela Perry

Honolulu

H 96819 Begin Date:

4/16/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter, and

Comment.

6.(d)(1)- Home visit for a 2 person CCFFH recertification review made on 4/16/2020. Home in compliance with all requirements. Home will receive a 2 bed certification.

Compliance Manager

Primary Care Giver

4/11/20 Date 4/28/20

5/6/2020 9:55 AM